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disease, so in the solution of behavior problems we must confine our attention to data bearing upon the nature and solution of problems in that field. The diagnosis is the succinct, comprehensive and definite conclusion reached by a consideration of the data in the field concerned. In other words, the diagnosis should, as far as possible, satisfy the just demands of all significant data.

A concluding word must be said in regard to follow-up work. It is most exasperating to expend time and effort in an attempt to reach a just diagnosis in a problem case and to suggest methods of treatment which promise well for the child concerned, only to find that there is no one available with

sufficient interest or intelligence to carry on the treatment suggested. All too frequently the findings of psychologists and psychiatrists have been placed in the hands of relatives or friends who either fail utterly to understand the findings or are unable to carry out the directions given as to the treatment of the case.

In child helping organizations of the better sort nothing is more noticeable and nothing is more encouraging than the increasing skill of those to whom is given the task of dealing with atypical children. Under the best conditions we have failures enough to keep us humble and successes enough to convince us that we are on the right track.

## Public School Provision for Exceptional Children

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**I**N the consideration of certain problems of child welfare we are apt to forget or to undervalue the importance of our public school system. Our vast aggregation of elementary schools ought to be regarded, however, as our largest and, in a sense, our most legitimate child welfare agency. Certainly the historic sanction and strategic position of the public school system in the American commonwealth make it the most promising instrument for the further development of public policies in behalf of a very large proportion of those exceptional children who because of handicap or other circumstances need a special measure of extra parental care during the years of their education.

A few statistics will convey the broad outlines of the national situation. The figures are rounded but sufficiently accurate for the purpose in hand. There are twenty millions of children enrolled in the elementary public

schools of the country. These children are provided for in over a quarter of a million of buildings with a valuation of two billions of dollars. The personnel of this vast plant consists of over a half million teachers, supervisors and superintendents, and, in city districts, of about three thousand physicians and school nurses and sixteen hundred truant officers. The welfare of no less than three quarters of a million of physically and mentally handicapped children is affected by the policies of this huge institution.

A complete classification of handicapped children would include all those children who, by virtue of exceptional circumstances or by inherent or acquired constitution, deviate so much from the normal as to cause a special status to arise with reference to their educational and social treatment. Sometimes the courts determine when the special status exists; sometimes it

is a matter of common knowledge; sometimes it is recognized only by experts; but in one way or another, the handicapped child generally comes within the purview of the public school system and educational law.

A comprehensive list of the consequential forms of handicap would include those of environmental character, such as abnormal home conditions, illegitimate parentage, dependency, neglect and injudicious employment; and a large group of constitutional and acquired handicaps affecting physique, sensation, motor capacity, speech, conduct and mentality. We shall consider mainly the children with constitutional and acquired handicaps.

It is, of course, impossible to set precise limits to such a term as handicap. The scope of our discussion, however, is indicated by the following quotation from a recent Connecticut statute.

The term educationally exceptional children shall include all children over four and under sixteen years of age who, because of mental or physical handicap, are incapable of receiving proper benefit from ordinary instruction and who for their own and the social welfare need special educational provisions.

On the basis of this definition I would estimate that about one public school pupil out of twenty-five may be regarded as exceptional, from the standpoint of child welfare and school administration. The distribution of such exceptional children per 1,000 of all children of compulsory school age, would be approximately as follows:

Blind and partially sighted . . . . .	3
Deaf and semi-deaf . . . . .	2
Crippled . . . . .	2
Physically defective . . . . .	12
Psychopathic . . . . .	2
Delinquent . . . . .	4
Speech defective . . . . .	3
Mentally deficient . . . . .	12
Total number per 1,000 . . . . .	40

If we give the term exceptional a still wider connotation, we would include in the above list two further groups of children: (1) Those who are not classifiable as feeble-minded but are extremely dull or non-academic and (2) those who are unusually gifted or endowed with superior intelligence. These two groups combined would bring the total up to 50 per 1,000. They are by no means unimportant from the standpoint of social and educational policy.

No one of the groups mentioned can be limited with absolute precision. A speech defect, for example, may be so mild as to be negligible or so severe as to constitute a real handicap. The figures given above are restrained and are intended to include school children whose defect or deviation is so serious as to demand special consideration even in a non-Utopian state.

A generation ago the exceptional child was not considered to be a legitimate public school problem. It was assumed—it is even now sometimes argued—that *the* business of the schools is to teach the statutory subjects (reading, writing and arithmetic). But the principle of compulsory education in a democratic country has carried with it implications and complications which have brought about an altogether different point of view. A policy of exclusion of exceptional children would have lead only to confusion and injustice. The public school in progressive communities is steadily shouldering the whole problem of defective and handicapped pupils, and one can find today examples of special tax-supported provisions for every type of exceptional school child.

It is unnecessary to go to extremes and to contend that special state institutions for defective and handicapped children are to be systematically discouraged. Such institutions have an important work in the care of those

cases who, for practical reasons, cannot be reached in any other way, but as a matter of public economy and public policy we should do everything we reasonably can to keep certain types of defective children near their fathers, mothers, brothers and sisters. Indeed, there may even be good reasons for doing what England is doing, namely: placing small groups of children (like the crippled or deaf) in family homes located near public schools where these children can get the same sort of training which they might otherwise have to receive in some more remote central institution. The whole drift of legislative and social program is in the direction of expanding the authority and scope of our public school system in such a way that local communities, like cities, towns and counties, can take primary responsibility for the care of their own child welfare problems.

The present scope and possibilities of public school provision can be indicated briefly for each of the eight classes of children referred to in the preceding classification.

1. *Blind and Partially Sighted.* The number of pupils in schools and classes for the blind in 1918 was 5,386. About 9 per cent of these were receiving their education in ten cities where classes for the blind are part of the public school system. The first city school classes for the blind were inaugurated by New York and Cleveland in the year 1909. One or more classes are now maintained by Chicago, Detroit, Jersey City, Newark, Cincinnati, Mansfield, Toledo and Milwaukee. It is very significant that in a short period of twelve years, such a large proportion of blind children has been reached by the public schools; and that states like Pennsylvania, Ohio, Minnesota and New Jersey have passed laws providing liberal state aid for the education of blind children in public school classes.

Cleveland has been a pioneer in having the blind taught in classes with seeing children. The special teachers for the blind children are tutors for the group and segregation is reduced as much as possible. Since the blind must find a place in life beside the seeing, this Cleveland plan has much to commend it. This same consideration is a reason for the further extension of public school provisions. It is not impossible that state departments of education and commissions for the blind will gradually develop an administrative technique, through supervising experts, visiting instructors and training centers, whereby an increasing number of blind children from small communities can be educated under public school auspices. The fact that the per pupil cost of education in a public school class for the blind is less than half of the per pupil cost in a public institution will fortunately not act as a deterrent.

The education of the near blind or partially sighted is a problem which falls peculiarly within the scope of the public school. Surely it is not a problem to be solved by erecting state institutions, or by excluding the child from school attendance. The task is not a small one. The Massachusetts Commission for the blind found that 4 per cent of all school children tested had less than one-half normal vision and that four tenths of one per cent (one in ten of this group) were so seriously handicapped as to require special educational procedure. Special classes for partially sighted children are being established in several of the larger cities of the country, as sight conservation classes, and with very beneficial results. These classes should be fostered; but here again the special class has its limitations. More flexible provisions, more abundant materials, including large type texts, can be created to reach the individual child who in spite of his

visual handicap must be maintained in a regular school.

2. *Deaf and Semi-Deaf.* The drift toward public school care has been even more marked in the case of deaf children than in the case of blind. This is all the more remarkable when it is recalled that the education of the deaf is one of the most difficult of pedagogical tasks. Government statistics show that the number of state and private schools for the deaf since 1900 has remained practically the same throughout the United States. The number of public school day classes has increased from 41 in that year to 69 in 1918. The enrollment in these classes has mounted from 749 in 1900 to 2,482 in 1918, an increase of 231 per cent; while the relative enrollment in state institutions has declined in the same period from 89 per cent to 78 per cent.

This is a wholesome tendency. The care of the deaf like that of the blind should so far as possible be de-institutionalized. Whenever practical the deaf child should grow up in contact with the hearing child. Such contact can be supplied in the public school. Moreover, public school provisions for the deaf encourage the beginning of the oral method at the tender but favorable age of three or four, when families are naturally reluctant to commit to a distant institution. Several states now foster the extension of public school classes by special grants of state aid. This, fortunately, is an administratively economical as well as humane policy. The average annual cost per deaf pupil enrolled in the public schools was (in 1918) \$195. The corresponding average per capital expenditure in state institutions was \$399—a difference of over \$200 per pupil in favor of those communities where deaf children were trained to speak and to read the lips, without being separated from their homes and from the compan-

ionship of more fortunate schoolmates.

3. *Crippled Children.* Chicago in 1899 established the first public school for crippled children in the United States. It now maintains under the board of education a permanent school building for the exclusive use of crippled children. The New York classes inaugurated in 1906 now register over a thousand pupils. As many as eleven special classes for crippled children are maintained in one building.

The provisions for crippled school children in the larger cities often include school lunches and transportation. Sometimes the transportation is to regular classes. The per capita cost is not prohibitive, being less than that for the education of the blind and deaf. In Chicago in 1916 it was \$51 for teachers' salaries, \$8 for lunches, only 16 cents for supplies and \$86 for transportation—a total of \$145.

The complete and careful survey made in Cleveland in 1916, showed that there were six cripples for each 1,000 inhabitants; 22 per cent of all cases were under 15 years of age; 9 per cent were from 15 to 19 years of age. The age distribution of the blind shows that only 7 per cent are under 15 years of age. Furthermore, in only 26 per cent of the blind does the disability occur before the age of 15, while in the case of the crippled the proportion is 49 per cent. These figures emphasize the public school importance of the crippled child.

The solution of the problem, however, involves much more than the creation of special classes and provisions of transportation. Many crippled children need medical care over long periods of time. This care can be best rendered by a hospital type of school, which should, however, maintain close relations with the public system of education. Here again it is desirable to avoid so far as possible unnecessary

segregation or any tendency that would make the cripple self-conscious and dependent. The purely educational and vocational part of the task is one which the public school could undertake even in sparsely settled communities.

4. *Physically Defective.* This group is difficult to define. We include in it all children who are so seriously handicapped by malnutrition, cardiac defect or chronic disease as to be urgently in need of special hygienic arrangements in school. To place the number of such children at over 1 per cent is conservative. The number of undernourished children in an ordinary school population has been placed as high as from 15 to 20 per cent; and as many (to a large extent the same children) are considered to be predisposed to tuberculosis. Medical inspection, health instruction, physical education, nutrition classes, school lunches, home visitation, etc., must be counted upon to reach this large group of physically inferior children.

Open air rooms and hospital schools are, however, necessary for the adequate treatment of many children. The first open air school room in the United States was established in Providence in 1908. Since then, such rooms and open window classes have spread with great rapidity over the country, and can now be numbered by the score. New York alone has in the neighborhood of one hundred open air classes. Vacation camps and summer outdoor schools for physically defective children will undoubtedly be further developed as a legitimate part of public school work. The welfare of the physically defective child in smaller communities depends upon a close coördination of public health, medical and educational control. Much can still be done for him by special adaptations and supervision within the regular school.

5. *Psychopathic.* Although mental and nervous disability constitutes one of the heaviest burdens of society, almost nothing has been done by the public schools in the way of preventive mental hygiene. In 1920 there were 232,680 patients with mental disease, 14,937 epileptics and 1,971 alcoholic and drug addicts actually in institutions in the United States. A considerable proportion of all cases of mental and nervous disease are conditioned, if not caused, by factors which operate in childhood and youth. There are no convenient or accurate methods of diagnosis which will reveal those children who are harboring a latent insanity, or developing the basis for insanity and social inadequacy. Ordinary special class methods will have decided limitations in this field, but careful observation and guidance of pupils with psychopathic tendencies has, on a small scale, been successfully inaugurated in the New York Public Schools. The first step in the development of constructive school measures lies in recognizing pupils who show serious defects in personality makeup, symptoms of emotional instability, emotional shallowness, perversions, irritability, morbid fears, psychasthenia, social maladjustments, infantile dependency, etc. The psychopathic child is father of the psychopathic man. Once the significance of this type of child is grasped, ways and means for ameliorating his condition and forestalling its latter day consequences, can be found.

We need perhaps to develop a new type of school nurse, who by supervision, corrective teaching and home visitation will undertake the concrete tasks of mental hygiene. This psychiatric school nurse would be a counterpart of the medical school nurse and work in close contact with her, but she would revolve in a different circle of problems. Instead of pupils with

discharging ears and deteriorating molars, her clients would be the child with night terrors, the nail-biter, the over-tearful child, the over-silent child, the pervert, the infantile child, the unstable and choreic. There should in time be schools, classes and camps in close relation to city and state school systems, where children of this type may go for long or short periods and secure the combination of medical and educational treatment which alone is adequate to reconstruct them mentally. These provisions imply neurological and psychiatric specialists, educational psychologists and teacher-nurses, all coöperating as public health experts in a work of mental salvage and prophylaxis. From a financial viewpoint these suggestions seem extravagant; but only by such radical and sincere methods can we ever hope to reduce the massive burden of adult insanity. Expensive in the beginning, a preventive juvenile system of sanitation administered through the public schools, may, after all, prove to be a form of socialized thrift.

6. *Delinquent.* What has just been said about psychopathic children applies in great measure to the delinquent group. Both groups comprise disorders of conduct, faulty social adjustment, abnormal behavior and instability. The psychological and psychiatric approach emphasizes the close relation and sometimes the identity of the problems involved in both fields. Our increasingly scientific attitude toward crime is bound to reflect itself in public school procedure.

Cleveland in 1876 was the first city in the country to organize a school for incorrigible boys. A prominent motive was that of segregation and discipline. Similar "disciplinary classes," refractory classes and day schools for truants have sprung up in all our larger cities. Reformatories for boys and girls have

usually been organized as state institutions and largely independent of the state educational system. It is desirable in many ways that public school provisions for the delinquent be further developed, so that the number of commitments to reformatories may be reduced, and more timely preventive work may be done. A very considerable proportion of all careers of juvenile delinquency first manifest themselves in truancy; and a thoroughgoing interest in and study of all types of misfits and exceptional school children would ultimately lead to the reduction of crime. About one-fifth of the population of reformatories is, ordinarily, defective in mentality. Industrial training and supervised vocational provisions in close relation to local school systems would make it unnecessary to commit many of this class of delinquents to state institutions.

The public schools ought to function in closer coöperative relations with juvenile courts, probation service and industrial schools. The establishment by state law of the "Twenty-Four Hour School" in California, is a promising experiment, and may be an object lesson of what public schools, by modified methods, could accomplish for the delinquent without sending him out of the community for reform.

7. *Speech Defective.* Stuttering children are sadly in need of attention; for as a rule they are neglected by both parents and physicians. Only those familiar with the subject can appreciate how serious this handicap is, what suffering it causes, and what effects it produces on the more sensitive child. Stuttering is a disease, often associated with serious mental and nervous complications, but it is definitely curable and responds to corrective training. For many years European public schools have provided this speech corrective work and it is coming to be con-

sidered a natural function of the schools in this country, as shown by recent subsidy legislation in Ohio, Minnesota, Wisconsin and elsewhere. New York started a class in 1909, and has demonstrated the possibility of reaching a relatively large number of speech defective pupils by assigning them for portions of a day and term to a speech improvement class and permitting them to remain in their regular room the rest of the time.

8. *Mentally Deficient.* Inborn and acquired deficiency of intelligence handicaps at least one child out of a hundred. In some respects this handicap is more serious than other forms already discussed; but in other respects it may actually be less serious for the individual and less burdensome to the state, because it yields to social control.

In 1919-1920 the National Committee for Mental Hygiene made a survey of provisions for mentally defective children. Thirty state and 17 private institutions reported 26,774 such children; 108 cities in the United States reported 1,177 special classes providing for 21,251 defective pupils. We know that the number of cities reporting is incomplete. It is safe to say that the public schools of the country are supplying special provisions for as many mentally defective children as are now cared for by institutions. Feeble-mindedness is more and more coming to be regarded as a public school problem. Newark, Rochester, Boston, New Haven and other cities have demonstrated that it is possible to create, within the public school system, day schools for defectives which embody most of the best features of state institutions and offer significant evidence of the adaptability of our public school system. These special schools, and special classes as well, often provide for children whose mentality is no higher than that of the institutional

imbecile. Their chief function, however, is the timely training of the moron along lines which will make him more secure, useful and happy in his community.

Feeble-mindedness is of course incurable, and even the graduate of a special class may need to be sent to an institution; but public school training, supplemented by a system of community after-care, will reduce enormously the necessity of institutional commitment, and reduce also many of the classic consequences of feeble-mindedness: vagrancy, prostitution, dependency, crime—and more feeble-mindedness.

New Jersey, Massachusetts, New York, Wisconsin, Pennsylvania, Missouri and Minnesota, all have laws making the establishment of special classes for mentally subnormal children, obligatory. In all of these states there is supervision by the state department of education, and in most of them some financial aid is granted by the state. Wisconsin bears one-third of the expenses for such classes; Pennsylvania, one-half; Minnesota pays annually the liberal sum of \$100 for each child receiving special class instruction. Prompt state-wide enforcement of compulsory laws is inexpedient; but the general policy behind these laws is correct. Feeble-mindedness is both a state and a local problem; and to a remarkable extent it is a public school problem. A consistent development during the next generation of the policy of public school training and community supervision of these handicapped children, will prove that the problem of mental deficiency is not overwhelming but is manageable.

#### HANDICAPPED CHILDREN AND STATE POLICY

The preceding review of the different types of exceptional children is neces-



sarily sketchy and imperfect. It reveals, however, a group of closely related problems of great significance from the standpoint of child welfare administration. It appears that the public school is a fundamental child welfare agency with vast powers only partly realized. Sanctioned by far-reaching law and by tradition, and founded on the broad, democratic principle of compulsory education, which carries it into the remotest rural corners, this great agency of the state must in large measure determine the future welfare of handicapped children.

There are several factors and considerations which favor the extension rather than the restriction of public school provisions for handicapped children, namely:

(1) The principle of compulsory education.

(2) The wide distribution of public school facilities.

(3) The growth of medical inspection of schools, of clinical child psychology.

(4) The joint relations of state and local authority in school administration.

(5) The relative economy of public school provisions.

(6) The disadvantages of institutional segregation.

(7) The desirability of maintaining the responsibility of the home.

(8) The importance of fostering local responsibility, and community control of social problems.

The social significance of the principle of compulsory education has been well stated by Cubberley: "Neither does the state establish schools because by state coöperative effort they can be established and conducted more economically than by private agencies, but rather that by so doing it may exercise the state's inherent right to enforce a type of education looking specifically

to the preservation and improvement of the state."

The creation of public school provisions for handicapped children represents a reasonable, constructive, self-protective extension of the principle of compulsory education. This principle has justified, in spite of initial opposition, the development of medical inspection, the establishment of school nurses and clinics and the certification of juvenile employes.

Public school provisions for exceptional children began through local initiative; but the states of the union are now framing legislation and organizing sub-divisions within their state departments of education, through which they will exercise their fundamental jurisdiction. Connecticut in 1915 appointed a school psychologist under the state department of education, and in 1920 passed a law creating a director of special classes. Wisconsin, Pennsylvania, New York, Massachusetts and Wyoming, are among the states that have a special organization for supervising and directing the education of handicapped children.

The functions which naturally fall to the state in the public school care of handicapped children may be briefly summarized as follows:

1. To issue and enforce regulations regarding school enumeration and school registers, which will result in the reporting of all children of school age who, because of serious handicap or exceptional physical and mental condition, cannot be properly educated or trained under ordinary conditions. This would result in a simple form of registration very important for child welfare and social welfare.

2. To issue regulations and printed forms, and to render expert advice and assistance in the educational measurement of mental examination of handicapped or exceptional school children,

including children passing through the children's court.

3. To furnish similar direction and assistance in the organization of special classes.

4. To initiate and direct special educational measures in behalf of exceptional pupils who cannot be assigned to special classes, schools or institutions.

This function is of extreme importance and one which remains almost completely undeveloped. Measures must and can be found which will reach the handicapped child in rural and village communities. Through special courses in normal schools, special visiting supervisors, printed manuals, training centers, school nurses and circulating auxiliary teachers, a technique can be worked out which will remove the present neglect of the handicapped child in the smaller community.

5. To administer the distribution of state aid for special classes and auxiliary education.

6. To maintain general relations with all schools conducted in connection with special state or county institutions for dependent, neglected,

defective and delinquent children.

7. To foster and direct, as far as expedient, measures of vocational guidance and supervision for the benefit of educationally exceptional or handicapped youth up to the age of eighteen or twenty.

These powers are a natural expression of the relation of the state to children and to education. It should also be recognized that they imply a responsibility to handicapped children of compulsory school age who may be attending private and non-public schools or who may not be attending school at all. This responsibility must be carefully exercised, but it cannot be evaded. As in child hygiene the most primary necessity is a registration of births, so in the welfare of exceptional school children the most elementary obligation of the state is the enumeration and registration of *all* seriously handicapped school children. Through the school census and school register over which the state has fundamental control let us find out how many school children are thus handicapped, where they are, and how badly they need our help.

## The Visiting Teacher

By JANE F. CULBERT

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ONE of the interesting and promising developments within the public schools during recent years is the work of the visiting teacher. This work was introduced to meet a need that was felt alike by educators and social workers. The latter realized that many of the problems of juvenile delinquency, industrial inefficiency and other social maladjustments could and should be anticipated in the school. Educators were aware that even in

schools representing the most advanced methods of teaching with the auxiliary service of attendance officer and nurse, there were children who did not progress as they should, and that the efforts of the teachers were being brought to nought by undermining influences at work outside the school walls or by the faulty connection between the training within the school and the life outside. Too frequently, even, the home and school, through lack of acquaintance